

DO 10/2/05

| REQUEST FOR PATENT FEE REFUND | | | | |
|---|-----------------------------------|--------------------------------|--------------|-----------|
| 1 Date of Request: 4/13/05 | | 2 Serial/Patent # 10521170 | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
| <input checked="" type="checkbox"/> | Filing Fee Change | | | \$ 100.00 |
| <input type="checkbox"/> | Amendment | | | \$ |
| <input type="checkbox"/> | Extension of Time | | | \$ |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | | \$ |
| <input type="checkbox"/> | Petition | | | \$ |
| <input type="checkbox"/> | Issue | | | \$ |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | | \$ |
| <input type="checkbox"/> | Maintenance | | | \$ |
| <input type="checkbox"/> | Assignment | | | \$ |
| <input type="checkbox"/> | Other | | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ 100.00 |
| | | 8 TO BE REFUNDED BY: CC | | |
| 10 REASON: | | Treasury Check | | |
| <input checked="" type="checkbox"/> | Overpayment | Credit Deposit A/C #: | | |
| <input type="checkbox"/> | Duplicate Payment | 19--4880 | | |
| <input type="checkbox"/> | No Fee Due (Explanation): | | | |
| 11 REFUND REQUESTED BY: | | | | |
| TYPED/PRINTED NAME: Rita White | | TITLE: Legal Assistant/Manager | | |
| SIGNATURE: Rita White | | PHONE: 71308-9140 ext. 231 | | |
| OFFICE: DO/EO | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | |
| APPROVED: _____ | | DATE: _____ | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: